

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below-named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first, and sole inventor (if only one name is listed below) or an original, first, and joint inventor (if multiple names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled **COMMUTATING IMAGE-REJECT MIXER**, the specification of which is being filed under the above-identified Attorney Docket Number SAR 13995.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

PRIORITY CLAIM

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)	_____ Yes ____ No (Priority Claimed)
_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)	_____ Yes ____ No (Priority Claimed)

I hereby claim the benefit under Title 35, United States Code § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application.

_____ (Application Serial No.)	_____ (Filing Date)	_____ (Status) (patented, pending, abandoned)
_____ (Application Serial No.)	_____ (Filing Date)	_____ (Status) (patented, pending, abandoned)

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below:

PROVISIONAL APPLICATION NUMBER**FILING DATE****POWER OF ATTORNEY**

As a named inventor, I hereby appoint the following attorneys and/or agents of Sarnoff Corporation and Thomason, Moser & Patterson LLP to prosecute this application and transact all business in the Patent and Trademark Office having a Customer Number 28166 connected therewith:

**28166**

PATENT TRADEMARK OFFICE

F0304040360

I hereby direct that all correspondence and telephone calls in connection with this application be addressed to:

Thomason, Moser & Patterson LLP
595 Shrewsbury Avenue, Suite 100
Shrewsbury, NJ 07702
Tel.(732) 530-9404
Fax.(732) 530-9808

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURES

Full name of first inventor: Gong Gu

Inventor's signature: Gong Gu

Date: 3/28/2001 Country of Citizenship: China

Residence and Post Office Address: 1246 Cornell Road
Bridgewater, NJ 08807

Full name of second inventor: Robert Conrad Malkemes

Inventor's signature: Robert Conrad Malkemes

Date: 4/4/2001 Country of Citizenship: U.S.A.

Residence and Post Office Address: 667 Winding River Road
Bricktown, NJ 08724

Full name of third inventor:

Inventor's signature: _____

Date: _____ Country of Citizenship: _____

Residence and Post Office Address: _____